DOCUMENT RESUME

ED 230 875 CG 016 742

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TITLE Care of Aging Parents by Adult Offspring.
PUB DATE Nov 82
NOTE 13p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (35th, Boston, MA, November 19-23, 1982).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adjustment (to Environment); Aging (Individuals); Daily Living Skills; Extended Family; Family Characteristics; *Family Relationship; *Health Needs; Middle Aged Adults; *Older Adults; *Parent Child Relationship; Personal Autonomy; *Psychological Needs
IDENTIFIERS *Adult Children

ABSTRACT

A prevailing myth holds that modern families, characterized by high mobility and individualistic life styles, do not care for their aging members. To assess the quantity and characteristics of the care of noninstitutionalized elderly parents by their adult children, parents and adult child pairs (N=50) responded to interviews. Specific research objectives included: (1) the extent of care given to aging parents by adult children; (2) the characteristics of the caregiver; (3) the motivation for use and nonuse of available government services; and (4) the perceived need for services by aging persons and their children. Results of statistical analyses showed that 90% of the adult children reported visiting their parents at least weekly, and 88% reported spending 10 hours a week or less in task activities. General agreement existed between generations on the extent of assistance given to parents, with "being on call" and providing transportation reported frequently. Of the parent generation, 32% used some government services; of those who didn't, 84% indicated they did not need them. A large majority of parents and offspring perceived parents to be in good health. Adult children, however, were more concerned than parents about problem areas which often affect older persons, i.e., physical decline or loneliness. (WAS)

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CARE OF AGING PARENTS

BY ADULT OFFSPRING

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Presented at the

35th Annual Scientific Meeting
of the Gerontological Society of America
Boston, November 19-23, 1982

CG 016742

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Introduction

This paper is a report of the preliminary findings of an investigation of parent-care by adult offspring. The overall purpose of the study was to assess the quantity and characteristics of the care of noninstitutionalized elderly parents by their adult children and compare perceived needs for supportive services by parents and their adult children.

The negativism and pessimistic predictions about family life which prevailed during the 1960's and early 1970's recently has given way to optimism and the recognition of new and viable family forms. However, the myth prevails that modern families, characterized by high mobility and individualistic life styles, do not care for their aging members. Paradoxically, even families engaged in caring for aging members, believe in this myth (1).

The misconceptions surrounding present care of the elderly by families is grounded in the idealized three-generation family of the 19th Century which evolved into the alleged isolated nuclear family. Shanas (7) speaks of the alienation myth - the widely held belief that in contemporary American society old people are alienated from their families, particularly from their children. Three corollaries of this myth are pertinent to care of aging parents by adult children:

1. Because of geographic mobility of the population of the United States, most old people who have children live at great distances from their children.
2. Because of the alienation of old people from their children, most older parents rarely see their children.
3. Because of the existence and availability of large human service bureaucracies, families are no longer important as a source of care for older people.

Each of these corollaries has been disproved. According to Shanas (7), the proportion of old people with children who either live with one child or within ten minutes distance of a child has remained fairly constant over 20 years: 54% in 1957, 61% in 1962, and 52% in 1975. Similarly, the proportion of older parents who saw at least one child during the week before being interviewed has remained stable over 20 years: 83% in 1957, 77% in 1975. Neither has family care of the aging decreased with availablity of public support and alternative sources of care. Medicare, Title XVIII of the Social Security Act, became operational in 1966. A 1975 survey (7) indicated no marked change from 1962 in the proportion of the elderly bedfast and housebound at home. Neither was there a marked change in the proportion of the elderly in institutions.

We may go one step further than postulating that older persons and their families are not alienated from one another and suggest that families are a very important source of support and care of the elderly. An estimated 80% of medically related care of the aged is provided by their families (1). The vast majority of this care is provided by a spouse and by daughters and daughters-in-law (1). In a study of family support systems for the aged, Treas (10) points out that economic transfers may be decreasing in importance, but emotional ties are more significant than ever. Seelbach (4), in a study of correlates of filial responsibility expectations and realizations among low-income aged parents, found that supports provided by offspring exceeded those provided by other sources. High satisfaction with treatment from their families was reported by 88% of elderly respondents in a Texas study of satisfaction with family relations among the elderly (5).

Evidence of the stress created by parent-caring is disturbing. In a study of two generations of elderly, Gelfand and associates (3) caution that the strain of caring for the first generation may inhibit successful aging

in the second generation. As four generation families become more prevalent, the adult children of the oldest generation will find themselves increasingly in the middle (6). Smith's study of role strain revealed that two-thirds of the respondents in the lower life satisfaction groups were patrons to both their parents and their children (9). A Los Angeles area study revealed physical problems so intense that children had little time to deal with other problems experienced by their parents (8). Three-fourths of the adult children in that study reported a variety of familial problems resulting from parental aging. In a plea for older people and their families to join forces, Butler (2) points out that the middle-aged are threatened, burdened, guilty, and often ashamed as they have the task of supporting, both individually and collectively, both ends of the life span. Recognizing this pressure on the middle generation, Seelbach (4) emphasizes the need for strategies to assist families in making the transition from very traditional ways of helping families to ways more consistent with modern family life. Ward (11) goes one step further and suggests that the family is not suited to long-term care of the elderly.

Adding to the stress created by parent-caring is the difference in desire for care or perceived need for care. Gelfand and associates (3) point out that outside support services provide an opportunity for selective involvement in parent care by adult children. Ironically, the same supportive services create a threefold threat for the elderly parents:

1. admission of growing dependency
2. service is considered welfare
3. seen as opportunity for family to become less involved

Despite the myths and stereotypes, families are caring for their aged members, and this care entails social, psychological, and economic costs. Three factors have combined to make the strain on families particularly

great. First, the numbers and proportion of the aging, particularly those over 75, is increasing rapidly. Second, birth rates have resulted in fewer siblings to care for aging parents. Third, middle-aged women, the traditional caretakers of the aging, are increasingly participants in the work force. The issue of family care of the aged is extremely important in our rapidly changing society whose members are feeling the pressures of demographic changes, scarce resources, unprecedented responsibilities for the middle generation, changes in sex role expectations, and increasingly complex bureaucracy.

Method

Specific objectives of this exploratory study which will be examined in this paper include:

1. Assess the extent of care of aging parents given by adult children.
2. Assess the characteristics of care (e.g. physical, emotional) given to aging parents by adult children.
3. Assess the motivation for use and nonuse of aging services available to Michigan families.
4. Assess perceived needs for services by aging persons and their adult children.

The target population for this study was non-institutionalized aged persons and their adult children residing in three central lower Michigan counties (Eaton, Ingham and Clinton). A non-random sample of fifty parent and adult offspring pairs age 65+ and 45+ respectively was compiled by contacting and receiving volunteers from such services and organizations as the AARP, Ingham, Clinton, and Eaton County Cooperative Extension Service, American Red Cross, Title VII nutrition sites, senior citizen groups, and local churches. Special attention was given during sampling to achieve a

balance among economic levels, education levels, housing form, and geographic location.

Two interview schedules addressing individual and family characteristics, amount and characteristics of parent care, use and nonuse of services, and perceived need for services were developed. The two interview schedules, one addressed to the adult child and the other to the parent, were parallel, but had some minor differences.

The one-hundred interviews were conducted during summer and fall, 1981 by trained interviewers. Subjects were interviewed individually in their own homes. In order to assure confidentiality and discourage pre-interview discussion between parent and offspring, the interviews were scheduled at the same time, if possible, and conducted by different interviewers.

Sample Characteristics

Despite special attention to achieving a balance, the sample was dominately white, female, and relatively high in education level. The parent generation was 84% female, 64% of whom were widowed. Mean age was 76.8 and 66% lived alone. Number of living offspring was relatively low, with 64% having one or no daughters and 70% having one or no sons. Ninety-two percent of the parents lived within 15 minutes of the interviewed offspring. Although 58% had some education beyond high school, only 8% were employed.

The offspring generation was predominately married (84%) and female (88%). Mean age was 50.5. The majority (60%) were employed, and 70% still had at least one child at home. Few had either a brother (20%) or a sister (22%) living in the sample area. Eighty-four percent had some education beyond high school, with 58% having a college degree.

Research question 1: What is the extent of care given to parents by adult children?

Extent of care given to parents by adult children was assessed by self-report of frequency of visits, length of visits, and hours spent per week actually doing tasks for parents. As reported by the offspring, 90% visited parents at least weekly. Sixteen percent visited their parents daily. Generally, the length varied with the need for the visit as well as the time of day. Hours per week actually doing tasks for parents were not excessive. The concept of task included such activities as providing transportation or personal care, shopping, cleaning, yard work, and listening to problems. Eighty-eight percent of the offspring reported spending 10 hours or less in such activities.

Research question 2: What are the characteristics of the care provided by adult offspring for their parents?

Characteristics of care was assessed by examining the types of activities engaged in and whether there were special activities or times set aside specifically for parents. "Being on call" was the most commonly reported activity, with 82% of offspring and 86% of parents reporting at least weekly occurrence. Many stated that it was a constant, pervasive responsibility that was difficult to quantify.

There was general agreement between generations on extent of assistance given to parents. For example, both groups reported relatively frequent sharing of transportation, but low involvement in such activities as cleaning and personal care. The one exception to this agreement between the generations was in the area of time spent listening to problems. The offspring reported a significantly greater frequency of listening to their parent's problems than the parents reported their offspring were listening to them.

Fifty-two percent of the offspring reported at least weekly involvement compared to 26% of the parents.

Most frequently shared activities included visiting, telephoning, and sharing meals. Thirty-four percent of the offspring had a special time reserved for their parent, and 40% had special activities designated for this sharing time.

Research question 3: What is the motivation for use or nonuse of available aging services?

Thirty-two percent of the parent generation used some federal, state, or local government services for older persons. Of those who used no services, 84% indicated that they did not yet need such services. Only ten percent indicated that they did not know such services were available. However, when asked what educational opportunities they would like, 82% of the offspring generation wanted to learn more about available community resources.

Research question 4: What are the perceived potential needs for services and how do parent and offspring perceptions differ?

Perception of need for services was measured through questions on health, overall concerns related to aging, current use and attitudes toward services, preference for types of assistance, and an overall independence score. When asked for an overall judgment of health, 82% of the parents and 86% of the offspring perceived the parents to be in excellent or good health. Similarly, when the offspring were asked if their parents were physically able to engage in most activities, 50% answered "yes" and 38% answered "yes, with restrictions."

When questioned about their concerns over various problem areas that

often affect older persons, the offspring generally were more concerned for their parents than the parents were for themselves. For example, 68% of the offspring were moderately to extremely concerned about general physical decline compared to 28% of the parents. Similarly, on the issue of loneliness, 44% of the offspring were moderately to extremely concerned, compared to 24% of the parents.

When asked how offspring may be most helpful to their parents 90% of both generations answered "emotional support." Other answers included providing financial help, housing, and care during illness. When the offspring were asked what their greatest concern was as their parents age, 50% answered "emotional stress." Other concerns included time pressures (26%), physical demands (14%), and financial demands (2%).

The independence score was based on three dimensions: physical, emotional, and financial. The offspring rated their parents, and parents rated themselves. Based on a possible composite score of 30, the mean score for offspring was 25.12 and for parents, 26.28. Using a Wilcoxon Test ($Z = -6.096$) this represented a significant difference at the .001 level. The greatest difference was reported on the emotional dimension, with scores for offspring and parents of 9.17 and 9.5 respectively on the physical dimension, 7.58 and 8.08 on the emotional dimension, and 9.875 and 9.96 on the economic dimension.

Discussion

Despite the relative good health and wellbeing of the noninstitutionalized parent generation, the pervasiveness of concern or "being on call" for aging parents has important implications. Based on the preceding data and a thorough literature review, three stages of parent-caring may be proposed, with the majority of this sample falling within the first stage.

Stage I, the first and often the least recognized level of parent-caring, is characterized by relative independence on the part of the parent. There often is a great deal of reciprocity between parent and offspring, and the parents have few, if any, recognized physical or emotional needs. For the offspring, this may be a time of great role strain, as demands of children, jobs, and marriages peak. This also may be a time for preparation, or anticipatory socialization, for the parent-caring role. As stated by many respondents, this is a time of pervasive "being on call," which is very difficult to quantify.

Stage II, the second level of parent-caring, is characterized by the onset of some physical or emotional needs of parents, but ambivalence as to how these needs may best be met. This stage, which may be the most difficult for both generations, necessitates judgments about when to intervene. For example, should a parent who has failing eyesight be encouraged to give up a driver's license? This may be the time of most active and sometimes stressful involvement, both physically and psychologically, of the offspring. As mentioned previously, the situation is complicated by the fact that supports for the offspring often create threats for the aging parents. The findings that offspring worry more about aspects of their parents' aging than do the parents and that parents judge themselves significantly more independent than do the offspring exemplifies the potential conflict that can occur in Stage II. The reciprocal nature of the relationship also may shift, with greater flow from offspring to parent.

Stage III, the third level of parent-caring, is characterized by unquestionable dependence of the parent, necessitating some type of full-time care. This stage may bring feelings of grief and loss coupled with relief that a decision concerning parent-care has been made. Members of the offspring generation will be coping with their own aging process at

this time, perhaps including widowhood. Again, the reciprocal nature of the relationship will change. In many cases, a third party will provide care. Ideally, this third party creates the potential for a reciprocal relationship between offspring and care provider, with flow from offspring and care provider to parent, and some feedback from parent.

The proposing of three stages of parent-care, one outcome of this study, assists in the identification of areas of stress for both generations, specific coping and educational strategies, and possible levels of reciprocity within relationships. The progression from one stage to another may come about through a critical event such as a stroke or loss of a spouse, or it may be a result of the culmination of many small changes and events. Obviously, all parent-offspring pairs will not move through all three stages --many older people remain quite independent throughout their lives, sometimes outliving their children. Additionally, movement from one stage to another may be reversible. For example, a parent may move from Stage II to Stage I after surgery corrects cataracts.

Regardless of stage of parent-caring, this study supports the notion that offspring are supportive of their aging parents. In this sample, primarily because it was to a great extent Stage I parent-caring, much of that support was of an emotional or psychological nature. The greatest concern the offspring expressed was dealing with emotional stress, not time, physical, or financial demands. As professionals concerned about aging persons and their families, we must recognize this initial level of parent-caring, as well as the later stages, and act accordingly as we impact upon direct services, education, and public policy.

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